## **Dental Coverage and Rates**

## July 2021 Dental Renewal

The following rates shall apply from July 1, 2021 to June 30, 2022

Rating Renewal July

0MProbationary Period

Benefit Option(s)	Single	2-Person	Family	
OPTION 1S	\$49.31	\$95.26	\$170.40	

Monthly rates and continued Member Group coverage are subject to applicable HealthTrust minimum participation requirements including, without limitation:
1) at least 75 % participation of Eligible Employees who do not otherwise have group dental coverage; and
2) Employees who elect to cover dependents must enroll all of their Eligible Dependents (other than dependent children age 19 and over) who do not otherwise have group dental coverage.

BENEFIT SCHEDULE									
Benefit Option(s)	Coverage A	Coverage B	Coverage C	Plan Year Maximum	Coverage D	Coverage D Maximum	Deductible		
OPTION 1S	100%	80%	50%	\$2,000	50%	\$1,000	\$0		
	P	ROBATIONAR	Y PERIOD EXC	EPTIONS					
None									
		SPFC	CIAL NOTES						

None